

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate ROBERT D. FOSTER
 Address 1437 NOTTING HILL COVE WEST County DESOTO
 Telephone 901-359-2540 Fax _____
 Office Sought DISTRICT 28 HOUSE SEAT Email Address robert@foster4ms.com

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make
 Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting
 obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3,950.00 +\$ 950.00	\$ 4,900.00	\$ 4,900.00
Total amount of disbursements	\$ 1,638.22 +\$ 1,845.00	\$ 3,483.22	\$ 3,483.22
Total amount of cash on hand		\$ 2,187.75	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee ROBERT D. FOSTERReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Douglas M. Wright</u>	<u>7</u> / <u>23</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO BOX 3667</u>	<u>8</u> / <u>29</u> / <u>16</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Tupelo, MS 38803</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Small Business Owner</u>	Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BNSF Railway Company</u>	<u>7</u> / <u>7</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Menk Dr., AOB-3</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Fort Worth, TX 73131</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Railroad</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Hernando Smiles</u>	<u>10</u> / <u>30</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>7 East Commerce St.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Hernando, MS 39225</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Dentistry</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Eli Lily and Company PAC</u>	<u>8</u> / <u>4</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Corporate Center</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Indianapolis, IN 46285</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee ROBERT D. FOSTER
 Reporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name A. B. McIlwain & Co, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 853	1 / 14 / 16	\$ 500.00
City, State, Zip Code Olive Branch, MS 38654	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Finance Accounting	Aggregate Year-to-date	\$ 500.00
B. Full name Jordan Brumbelow/DBA Strategic Victories	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 13	11 / 18 / 16	\$ 500.00
City, State, Zip Code Nesbit, MS 38651	__ / __ / __	\$
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	\$ 500
C. Full name Direct Fx Solutions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 601 North Third Street	8 / 10 / 16	\$ 345.00
City, State, Zip Code Memphis, TN 38107	__ / __ / __	\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 345.00
D. Full name MS House Republican Caucus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 415 Yazoo Street	8 / 4 / 16	\$ 500.00
City, State, Zip Code Jackson, MS 39201	__ / __ / __	\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 500.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee ROBERT D. FOSTER
 Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee for Clean Enviroment and Fair Taxation/Beverage Assoc. of MS</u>		<u>12</u> / <u>21</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>3000 North State Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>n/a</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Al Williams Bail Bond Company</u>		<u>12</u> / <u>28</u> / <u>16</u>	\$ <u>400.00</u>
Mailing Address <u>3402 Industrial Dr. W</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Hernando, MS 38632</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>